Title: The Role of Routine Preoperative Computed Tomography Scan in Patients with Endometrioid-Type Endometrial Cancer

Abstract

Objective: To explore the role of routine preoperative computed tomography (CT) in patients with endometrioid-type endometrial cancer (EC) in identifying extra-uterine disease.

Methods: From January-2011 to December-2013, we retrospectively identified all patients diagnosed with endometrioid-type EC and underwent preoperative CT prior to staging surgery. CT findings were correlated with the patients' presenting symptoms, tumor grade and tumor FIGO stage.

Results: Hundred and nighty (n=190) patients were included in the study analysis. In a descending order, the patients' presenting symptoms included Abnormal Uterine bleeding (AUB) (93%), pelvic pain (9.4%), abdominal distention (4.2%), weight loss (3.5%), vomiting (1.5%) and chest symptoms (0.9%). A large proportion of patients (83%) presented with AUB *only* at the time of clinical diagnosis. According to preoperative endometrial sampling, there were 151 patients (79.4%) with low-grade tumor (G1/G2) and 38 patients (20.6%) with high-grade tumor (G3). According to surgical FIGO staging, there were 155 (81.6%) and 35 (18.4%) patients with early (I-II) and advanced (III-IV) FIGO stage disease, respectively. Overall, preoperative CT identified 22 patients (11.6%) with distal metastasis. Around 90.9% of patients (n=20/22) who had distal metastasis are presented with AUB plus one of the above-mentioned symptoms. The frequency of distal metastasis, as identified by preoperative CT, among patients with G1/G2 versus G3 tumors were 40.9% (n=9/22) and 59.1% (n=13/22), respectively. Overall, the management plan was changed in only 8.4% of the entire patient cohort who underwent preoperative CT (n=16/190).

Conclusions: Patients with low-grade (G1/G2) endometrioid-type EC and presenting with AUB only are less likely to have distal metastasis, thus preoperative CT is not warranted. However, patients who may benefit from preoperative CT to identify distal metastasis include (i) patients presenting with AUB plus one of the above-mentioned symptoms, regardless the tumor grade, and (ii) patients with high-grade (G3) endometrioid-type EC.

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